SA TATO	REQUE	L CONSERVATION COI - ION ST FOR ALLOWABLE AND - AND NATUR	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AL GAS
TRANSPORTER OIL / GAS /	5-NMOCC - Artesi 1-N.Mex. Energy 1-W. L. Boone-Ho	Resources Board	RECEIVED
PRORATION OFFICE Operator	1-R. L. White -		SEP 2 3 1976
Address	Oil Company		0. C. C.
Reason(s) for filing (Check proper box)  New Weii Change in Transporter of:		Other (Please explain)	ARTESIA, OFFICE
Recompletion Change in Ownership	Oil X Dry	densate   PER to V	
If change of ownership give na and address of previous owner	ne	LIER T. Y	701
II. DESCRIPTION OF WELL A	ND LEASE		
Eddy AG-A State		on Delaware State, Fe	ederal or Fee State E-920
Unit Letter E ; 1	757 Feet From The North	Ine and 660 Feet F	rom The West
Line of Section 36	Township 26S Range	31E , NMPM,	Eddy County
Name of Mathorized . ransporter o		Address (Give address to which a	pproved copy of this form is to be sent)
Name of Authorized Transporter of	Sp. Co. P. L. Div.	Box 1183, Houston	n, Texas 77001  pproved copy of this form is to be sent)
Phillips Petrole If well produces oil or liquids,	Um Co. Unit Sec. Twp. Pge.	Phillips Bldg., C	dessa, Texas 79760
give location of tanks.	C 36 26S 31	E Yes	When Unknown
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool	, give commingling order number:	
Designate Type of Compl	etion - (X)	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.	.j Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
HOLE 6175		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
. TEST DATA AND REQUEST	EOD ALLOWARD S		
OIL WELL Date First New Oil Run To Tanks	Date of Test	t per or de jor juit 24 nours	oil and must be equal to or exceed top allow-
	Date of lest	Producing Method (Flow, pump, gas	lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
GAS WELL			POST 03 24
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensaté
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIA		CED 9	ATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED SET 25 1570  BY U. A. Gressett	
	<u>-</u> .	TITLE SUPERVISOR, D	
(Signature)		This form is to be filed in compliance with RULZ 1104.	
(Signature) Area Superintendent		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
(Title) September 16, 1976		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Date)		Fill out only Sections I. II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	